
Appendix D: DENIX User Application

NOTE: Many of the links within this document are to the DENIX DoD Menu. You must be registered with DENIX to view these pages. **Go here to register** (<http://www.denix.osd.mil/denix/register.html>)

Name: _____ **Title:** _____

Major Claimant: _____ **Branch of Service:** _____

Subordinate Command: _____

Organization Name: _____ **Organization Code:** _____

Address Line 1: _____

Address Line 2: _____

City: _____ **State:** ____ **Zip Code:** _____

Commercial Telephone No. : _____

DSN Telephone No.: _____ **Fax No.:** _____

Duty Areas: _____

If you are a contractor for DoD or a Federal or State agency employee, please have the DoD agent for whom you work fill out the following:

DoD POC: _____ **Code:** _____

Contract No.: _____ **Start/End Date:** _____

Date: _____ **Telephone No.:** _____

Signature: _____

Please fax or mail this information to: DENIX Support Office

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